TRICARE Latin America & Canada
Medical Claim / Reimbursement Request
(For All TLAC Active Duty Service Members)

***The information contained herein is subject to the Privacy Act of 1974. Reference DD Form 2005, Privacy Act Statement Health Care Records.

DEAR CUSTOMER:

To process your claim, IAW AR 40-3, we are required to obtain a statement explaining the reason(s) civilian medical care was utilized and an accurate account of all charges involved for said care. Please provide details of the care received and any surrounding circumstances.

Your claim will be processed as soon as possible. Normal processing time through Resource Management is 30 days, however, additional time may be needed to obtain the required documentation to substantiate your claim.

1 PERSONAL DATA:

Last Name: _____ Duty Phone: _____

First Name MI: _____ Home Phone: _____

SSN: _____ Grade: _____ Service: _____ Fax: _____

Country: _____ Unit: _____ E-mail: _____

Present Mailing Address: _____

_____

2 ILLNESS/INJURY:

DATE(S): _____ LOCATION: _____

SYMPTOMS/PROBLEM: _____

_____

_____

DIAGNOSIS: _____

TREATMENT: _____

_____

_____

3 THIRD PARTY LIABILITY: ☐ Not Applicable

NAME OF INSURANCE COMPANY: _____ POLICY NUMBER: _____

THE VEHICLE IN WHICH I WAS ☐ DRIVING ☐ RIDING ☐ WAS ☐ WAS NOT COVERED BY APPROPRIATE INSURANCE, AND ☐ I DO ☐ DO NOT EXPECT TO RECOVER DAMAGES/EXPENSES.

Updated: 27 March 2002

4 ITEMIZED REIMBURSEMENT AMOUNTS:

Date of Service	Place of Service	Amount Billed	Exchange Rate	Total US Dollars

Attach separate sheet if needed.

TOTAL AMOUNT IN U.S. $ _____

5 CERTIFICATION:

"I CERTIFY THAT CARE RECEIVED AND AS BILLED PER ATTACHED INVOICE (S) WAS OF AN EMERGENCY NATURE OR WAS AN AUTHORIZED REFERRAL BY _____(Name of Provider/ Representative/Agency.) FURTHER CERTIFY THAT ALL MEDICAL/DENTAL CARE AS BILLED WAS IN FACT RECEIVED BY ME, AND THAT I WAS EITHER NOT ABLE TO REACH THE NEAREST MILITARY MEDICAL TREATMENT FACILITY OR WAS REFERRED TO CIVILIAN MEDICAL CARE BY AN AUTHORIZED REPRESENTATIVE OF THE GOVERNMENT. I ALSO UNDERSTAND THAT MEDICAL/DENTAL CLAIMS NOT OF AN EMERGENCY NATURE OR PURSUANT TO AN AUTHORIZED REFERRAL ARE MY PERSONAL RESPONSIBILITY".

_____	_____	_____
CLAIMANT'S NAME PRINTED	CLAIMANT'S SIGNATURE (REQUIRED)	DATE
_____	_____	_____
COMMANDER'S NAME/RANK PRINTED	COMMANDER'S SIGNATURE (REQUIRED)	DATE

OUR QUALITY PLEDGE:

Upon receipt of all required documentation, your claim will be processed and forwarded to accounting and finance within 3 workdays for payment. If you receive additional bills in the interim that you have already turned in to this office, it is not necessary to resubmit the invoice(s). Please contact us if we can be of further assistance.

COMMANDER, DDEAMC
DoD TRICARE Health Service Region 15
LASE/TLAC, Building 38801
Fort Gordon, GA 30905-5650

TOLL FREE: 1-888-777-8343 OPTION 3
PHONE: 706-787-2424
FAX: 706-787-3024
DSN: 773

DO NOT WRITE IN THIS SECTION - FOR LA TLAC OPS ONLY

APPROVED ☐ **DENIED ☐**

APPROVAL BY: _____

SIGNATURE & DATE

Documentation Attached:

☐ Itemized Bill
☐ Receipts
☐ Referral from Embassy Health Unit
☐ Narrative Summary
☐ Electronic Fund Transfer Form (Enclose when filing 1st claim)

Comments:

Updated: 27 March 2002

ELECTRONIC FUND TRANSFER (EFT)
ELECTION FORM

This election form is provided for your completion. All future payments are to be made by electronic transfer. To update your file and expedite processing of your claims, please complete the election form attach required documentation and **ENCLOSE WHEN FILING FIRST CLAIM ONLY.**

PLEASE PRINT LAST NAME / FIRST NAME / MI GRADE SOCIAL SECURITY #

PRESENT MAILING ADDRESS CITY/STATE ZIP CODE

DUTY PHONE W/AREA CODE

NAME OF FINANCIAL INSTITUTION

ROUTING # (nine digit code bottom left side of check)

ACCOUNT NUMBER

SIGNATURE

ATTACH ONE OF THE FOLLOWING TO ESTABLISH EFT ACCOUNT

(1) COPY OF A VOIDED CHECK (NOT DEPOSIT SLIP)
(2) SF 1199A from your financial institution

Paul Maple 1234
1234 Windy Oaks Drive
Anytown, MD 20000 20

PAY TO THE
ORDER OF: $

DOLLARS

Anytown Bank
Anytown, MD

For

1=250250025 == 202020-86====1234

Updated: 27 March 2002